### Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| EASTERN DISTRICT OF VIRGINIA                    | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | ☐ Chapter 7                     |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | Chapter 13                      | Check if this is an amended filing |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par   | t 1: Identify Yourself  |  |   |
|---|---|--|---|
|   |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture |   | April First name  Lynn Middle name       | First name  Middle name                       |
|   | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   | FKA April Lynn Flath                     |   |
| Include your married or maiden names.   |   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2633                              |   |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 2 of 52

Case number (if known)

Debtor 1 April Lynn Hite

|   |                | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|---|----------------|---|---|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names |                | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |
|   |                |   |   |  |  |
| 5.  | Where you live | 1102 Walker Drive   | If Debtor 2 lives at a different address:   |  |  |
|   |                | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |
|   |                | Fredericksburg Cit County   | County  |  |  |
|   |                | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|   |                | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| 6. Why you are choosing this district to file for bankruptcy  |                | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |
|   |                |   |   |  |  |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 3 of 52 Case number (if known)

Debtor 1 April Lynn Hite

| ar  | t 2: Tell the Court About  | our Ba   | nkruptcy Ca                                   | ise  |   |                               |   |  |
|-----|--|--|---|--|---|-------------------------------|---|--|
| 7.  | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11 |   |  |   |                               |   |  |
|     |  | _  | apter 12                                      |  |   |                               |   |  |
|     |  | ■ Cna  | apter 13                                      |  |   |                               |   |  |
| 3.  | How you will pay the fee   |  | about how yo                                  | ne entire fee when I file my petition. Please check with the clerk's office in your local court for more details you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money ar attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with d address. |   |                               |   |  |
|     |  |  |   |  | tallments. If you choose this is (Official Form 103A).  | option, sign and attach the A | Application for Individuals to Pay  |  |
|     |  |  | request that<br>out is not requapplies to you | at my fee be wa<br>juired to, waive y<br>ur family size an   | <b>nived</b> (You may request this your fee, and may do so only not you are unable to pay the | if your income is less than 1 | r Chapter 7. By law, a judge may, 50% of the official poverty line that oose this option, you must fill out it with your petition |  |
|     |  | •  | потрричин                                     | 77 to 7 lavo tilo C  | snapter i i iiing i ee traived  | (Cinciai i Cini 1002) and mo  | it man your poundin.  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?   | ■ No.  | ·.  |  |   |                               |   |  |
|     | •  |  | District                                      |  | When  | Case nur                      | nber  |  |
|     |  |  | District                                      |  | When  | Case nur                      | nber  |  |
|     |  |  | District                                      |  | When  | Case nur                      | nber  |  |
| 10. | Are any bankruptcy   | ■ No   |   |  |   |                               |   |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes  |   |  |   |                               |   |  |
|     |  |  | Debtor  |  |   | Relationsh                    | ip to you   |  |
|     |  |  | District                                      |  | When  | Case num                      | ber, if known   |  |
|     |  |  | Debtor  |  |   | Relationsh                    |   |  |
|     |  |  | District                                      |  | When  | Case num                      | ber, if known   |  |
| 11. | Do you rent your residence?  | ■ No.  | Go to I                                       | line 12.   |   |                               |   |  |
|     | residence:   | ☐ Yes  | . Has yo                                      | our landlord obta  | ained an eviction judgment a  | gainst you?                   |   |  |
|     |  |  |   | No. Go to line   | 12.   |                               |   |  |
|     |  |  |   | Yes. Fill out Interest this bankruptcy   |   | ction Judgment Against You (  | Form 101A) and file it as part of   |  |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main

Document Page 4 of 52 Case number (if known) Debtor 1 **April Lynn Hite** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No.

property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 5 of 52

Debtor 1 April Lynn Hite

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 6 of 52

Case number (if known) Debtor 1 **April Lynn Hite Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ April Lynn Hite Signature of Debtor 2 **April Lynn Hite** Signature of Debtor 1 Executed on August 13, 2019 Executed on MM / DD / YYYY MM / DD / YYYY

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 7 of 52

Debtor 1 April Lynn Hite Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mark J. Dahlberg                   | Date          | August 13, 2019          |
|--|---------------|--------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY           |
| Mark J. Dahlberg Printed name          |               |                          |
| Woehrle Franklin Dahlberg Jones, PLLC  |               |                          |
| Firm name 2016 Lafayette Blvd, Ste 101 |               |                          |
| Fredericksburg, VA 22401               |               |                          |
| Number, Street, City, State & ZIP Code |               |                          |
| Contact phone <b>540-898-8881</b>      | Email address | mark.dahlberg1@gmail.com |
| 79569 VA                               |               |                          |
| Bar number & State                     |               |                          |

Certificate Number: 15725-VAE-CC-033180962



### **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>July 30, 2019</u>, at <u>2:59</u> o'clock <u>PM EDT</u>, <u>April Hite</u> received from <u>001 Debtorce</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Eastern District of Virginia</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 30, 2019 By: /s/Margue Karmanov

Name: Margue Karmanov

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

|                           | Case   | 19-34196-KRH   | Doc 1                      |                             | 08/13/19                        | Entered          | 08/13/19 16                                | :53:49      | Des     | sc Main                       |
|---------------------------|--|--|----------------------------|-----------------------------|---------------------------------|------------------|--|-------------|---------|-------------------------------|
| Fill                      | in this inform   | nation to identify your o  | case:                      | Docum                       | eni P                           | aue 9 ui 5       | /  | Ī           |         |                               |
| Del                       | otor 1   | April Lynn Hite  |                            |                             |                                 |                  |  |             |         |                               |
|                           | _  | First Name   | Middle N                   | Name                        | Las                             | t Name           |  |             |         |                               |
|                           | otor 2<br>ouse if, filing)                                     | First Name   | Middle N                   | Name                        | Las                             | t Name           |  |             |         |                               |
| Uni                       | ted States Bar   | nkruptcy Court for the:  | EASTERN                    | DISTRICT C                  | OF VIRGINIA                     | 1                |  |             |         |                               |
|                           | se number  |  |                            | _                           |                                 |                  |  |             |         |                               |
| (if kr                    | nown)  |  |                            |                             |                                 |                  |  |             |         | k if this is an<br>ded filing |
| Su<br>Be a<br>info<br>you | mmary o<br>as complete a<br>rmation. Fill o<br>r original form | rm 106Sum f Your Assets and accurate as possible tall of your schedulens, you must fill out a recognition. | le. If two ma              | rried people<br>complete tl | e are filing to<br>he informati | ogether, both a  | are equally respor<br>n. If you are filing | sible for s | upplyir |                               |
| Pai                       | t 1: Summa   | arize Your Assets  |                            |                             |                                 |                  |  |             |         |                               |
|                           |  |  |                            |                             |                                 |                  |  |             | Your a  | ssets<br>of what you own      |
| 1.                        | Schedule A/<br>1a. Copy line                                   | <b>/B: Property</b> (Official Fo   | orm 106A/B)<br>om Schedule | A/B                         |                                 |                  |  |             | \$      | 375,000.00                    |
|                           | 1b. Copy line  | e 62, Total personal prop  | erty, from So              | chedule A/B.                |                                 |                  |  |             | \$      | 3,172.00                      |
|                           | 1c. Copy line  | e 63, Total of all property  | on Schedule                | e A/B                       |                                 |                  |  |             | \$      | 378,172.00                    |
| Par                       | t 2: Summa   | arize Your Liabilities   |                            |                             |                                 |                  |  |             |         |                               |
|                           |  |  |                            |                             |                                 |                  |  |             |         | abilities<br>It you owe       |
| 2.                        |  | Creditors Who Have Clar<br>total you listed in Colun   |                            |                             |                                 |                  | of Part 1 of Schedu                        | ule D       | \$      | 252,539.00                    |
| 3.                        |  | F: Creditors Who Have to total claims from Part 1  |                            |                             |                                 |                  | E/F  |             | \$      | 0.00                          |
|                           | 3b. Copy the   | e total claims from Part 2   | 2 (nonpriority             | unsecured o                 | claims) from                    | line 6j of Sched | lule E/F                                   |             | \$      | 8,814.14                      |
|                           |  |  |                            |                             |                                 |                  | Your total lia                             | bilities \$ |         | 261,353.14                    |
| Pai                       | t 3: Summa   | arize Your Income and  | Expenses                   |                             |                                 |                  |  |             |         |                               |
| 4                         | Cala adula Is  | Vous Income (Official Fo   | -                          | <u>-</u>                    |                                 |                  |  |             |         |                               |

Schedule I: Your Income (Official Form 106I) 2,923.32 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2,052.98

Part 4: Answer These Questions for Administrative and Statistical Records

Copy your monthly expenses from line 22c of Schedule J.....

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - Yes
- What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Case 19-34196-KRH Doc 1 Document

Page 10 of 52 Case number (if known) Debtor 1 April Lynn Hite

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,524.36

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im   |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following:   |           |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 0.00 |

| Case 19-34196-KRH | Doc 1 | Filed 08/13/19 | Entered 08/13/19 16:53:49 | Desc Main |
|-------------------|-------|----------------|---------------------------|-----------|
|                   |       | Document Do    | ao 11 of 52               |           |

|                 |  |  |  | Doci                        | ıment                            | Page 11 of 52  |                                |                  |   |
|-----------------|--|--|--|-----------------------------|----------------------------------|--|--------------------------------|------------------|---|
| Fill            | n this inforr                                      | nation to identi                               | fy your case and th                            | nis filing:                 |                                  |  |                                |                  |   |
| Deb             | tor 1  | April Lynn                                     |  |                             |                                  |  |                                |                  |   |
| Dob             | tor 2  | First Name                                     | Middle   | e Name                      |                                  | Last Name  |                                |                  |   |
|                 | se, if filing)                                     | First Name                                     | Middle   | e Name                      |                                  | Last Name  |                                |                  |   |
| Unit            | ed States Ba                                       | nkruptcy Court f                               | or the: EASTERN                                | DISTRIC                     | T OF VIRGI                       | NIA  |                                |                  |   |
| _               |  |  |  |                             |                                  |  |                                |                  |   |
| Cas             | e number _   |  |  |                             |                                  | _  |                                |                  | ☐ Check if this is an amended filing            |
|                 |  |  |  |                             |                                  |  |                                |                  | ag  |
| ∩ff             | icial Ea   | rm 106A/                                       | /D   |                             |                                  |  |                                |                  |   |
| _               |  | _  |  |                             |                                  |  |                                |                  |   |
|                 |  |  | Property                                       |                             |                                  |  |                                |                  | 12/15   |
| think<br>inforr | it fits best. B<br>nation. If mor<br>er every ques | e as complete an<br>e space is neede<br>stion. | d accurate as possib<br>d, attach a separate s | le. If two n<br>heet to thi | narried people<br>s form. On the | in asset fits in more than ore<br>e are filing together, both are<br>top of any additional page<br>on or Have an Interest In | re equally respo               | nsible for sup   | plying correct                                  |
| 1. <b>D</b> c   | you own or h                                       | nave any legal or                              | equitable interest in a                        | any reside                  | nce, building,                   | land, or similar property?   |                                |                  |   |
| П               | No. Go to Par                                      |  | •  | ·                           |                                  |  |                                |                  |   |
|                 |  | s the property?                                |  |                             |                                  |  |                                |                  |   |
| _               | Yes. Where   | s the property?                                |  |                             |                                  |  |                                |                  |   |
|                 |  |  |  |                             |                                  |  |                                |                  |   |
| 1.1             |  |  |  | What is                     | s the property                   | ? Check all that apply   |                                |                  |   |
|                 | 1102 Walk  | cer Drive                                      |  |                             | Single-family h                  | nome   | Do not dedu                    | ıct secured clai | ms or exemptions. Put                           |
|                 | Street address,                                    | if available, or other                         | description                                    |                             | Duplex or mult                   | ti-unit building   | the amount                     | of any secured   | claims on Schedule D:<br>s Secured by Property. |
|                 |  |  |  |                             | Condominium                      | or cooperative   | Creditors W                    | no mave Claim    | s Secured by Froperty.                          |
|                 |  |  |  | П                           | Manufactured                     | or mobile home   |                                |                  |   |
|                 | Frederick  | sburg VA                                       | 22401-0000                                     | _                           | Land                             |  | Current val<br>entire prop     |                  | Current value of the portion you own?           |
|                 | City   | State  | e ZIP Code                                     |                             | Investment pro                   | operty   | \$37                           | 5,000.00         | \$375,000.00                                    |
|                 |  |  |  | _                           | Timeshare<br>Other               |  |                                |                  | our ownership interest                          |
|                 |  |  |  | _                           |                                  | in the property? Check one   | _ (such as fe<br>a life estate |                  | ncy by the entireties, or                       |
|                 |  |  |  |                             | Debtor 1 only                    |  |                                |                  |   |
|                 | Frederick  | sburg Cit                                      |  | _                           | Debtor 2 only                    |  |                                |                  |   |
|                 | County   |  |  | _                           | Debtor 1 and I                   | ,  |                                |                  | nunity property                                 |
|                 |  |  |  | _                           |                                  | the debtors and another  | •                              | ructions)        |   |
|                 |  |  |  |                             | ty identification                | ou wish to add about this it<br>on number:   | em, such as loc                | aı               |   |
|                 |  |  |  |                             |                                  |  |                                |                  |   |
|                 |  |  |  |                             |                                  |  |                                |                  |   |
| 0               | <b>A</b> .1.1 411.1                                |  |  |                             |                                  | nama Bant 4 da ahadhadhan an   |                                |                  |   |
|                 |  |  |  |                             |                                  | rom Part 1, including ar   |                                | =>               | \$375,000.00                                    |
| •               |  |  |  |                             |                                  |  |                                |                  |   |
| Part            | 2: Describe  | Your Vehicles                                  |  |                             |                                  |  |                                |                  |   |
| <b>.</b>        |  |  |  |                             |                                  |  |                                | -11              | le Callana a company de la d                    |
|                 |  |  |  |                             |                                  | whether they are registe<br>xecutory Contracts and U   |                                |                  | nicles you own that                             |
| 3 <b>L</b>      | are vane tr  | ucks tractors                                  | sport utility vehicle                          | s motor                     | cvcles                           | -  | -                              |                  |   |
| J. <b>U</b> i   | ai 5, vali5, [[                                    | uono, iracioro,                                | sport utility verificie                        | .s, motor                   | Cycles                           |  |                                |                  |   |
|                 | No   |  |  |                             |                                  |  |                                |                  |   |
|                 | Yes  |  |  |                             |                                  |  |                                |                  |   |
|                 |  |  |  |                             |                                  |  |                                |                  |   |

Official Form 106A/B Schedule A/B: Property page 1

10. Firearms
Example

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

Yes. Describe.....

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 13 of 52

| Debtor 1                | April Lynn I                                 | lite        |  | Case   | number (if known)    |   |
|-------------------------|--|-------------|--|--|----------------------|---|
|                         |  | 38 Ca       | Taurus                                   |  |                      | \$250.00  |
| □ No                    |  | <u> </u>    |  | esigner wear, shoes, accessories   |                      |   |
|                         |  | All Se      | ason Clothing                            |  |                      | \$250.00  |
| ☐ No                    |  | ewelry, co  | stume jewelry, enç                       | gagement rings, wedding rings, heirloom jewelry  | r, watches, gems, ς  | gold, silver  |
|                         |  | 1/2 ca      | rat diamond ea                           | rings  |                      | \$50.00   |
| Exar                    | farm animals hiples: Dogs, cats, b. Describe | birds, hor  | rses                                     |  |                      |   |
|                         |  | dog -       |  |  |                      | \$2.00  |
| 15. <b>Add</b><br>for l |  | of all of y | your entries from                        | Part 3, including any entries for pages you l  | nave attached        | \$3,112.00  |
|                         |  |             |  | in any of the following?   |                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                    | nples: Money you                             |             | -  | home, in a safe deposit box, and on hand when  | you file your petiti | on  |
| Exar<br>□ No            | institutions                                 |             |  | ecounts; certificates of deposit; shares in credit units with the same institution, list each. | unions, brokerage l  | nouses, and other similar   |
| ■ Yes                   | 5  | 17.1.       | checking                                 | Institution name:  Bank of America   |                      | \$60.00   |
|                         |  |             |  |  |                      |   |
|                         |  |             | ely traded stocks<br>ent accounts with l | prokerage firms, money market accounts   |                      |   |
|                         |  |             | Institution or issue                     | er name.   |                      |   |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 14 of 52

Case number (if known)

|             | DIOI I             | Aprii Lyiiii nite  |   | ase number (# known)          |   |
|-------------|--------------------|--|---|-------------------------------|---|
| 19.         | joint v            | ublicly traded stock and interests in incorporated enture  | and unincorporated businesses           | including an interest in a    | ın LLC, partnership, and  |
|             | ■ No               |  |   |                               |   |
|             | ☐ Yes.             | Give specific information about them  Name of entity:  |   | % of ownership:               |   |
|             | Negot              | nment and corporate bonds and other negotiable able instruments include personal checks, cashiers' egotiable instruments are those you cannot transfer | checks, promissory notes, and mon       |                               |   |
|             | ☐ Yes.             | Give specific information about them<br>Issuer name:   |   |                               |   |
|             |                    | nent or pension accounts<br>oles: Interests in IRA, ERISA, Keogh, 401(k), 403(b).  | thrift savings accounts, or other per   | nsion or profit-sharing plans | 5   |
|             |                    | List each account separately.  Type of account:  | Institution name:                       |                               |   |
|             |                    |  |   |                               |   |
|             | Your s             | ty deposits and prepayments hare of all unused deposits you have made so that yoles: Agreements with landlords, prepaid rent, public                   |   |                               | or others   |
|             |                    |  | Institution name or individual:         |                               |   |
|             | □ res.             |  | mondion name of marviada.               |                               |   |
| 23.         | Annuit             | ies (A contract for a periodic payment of money to y   | ou, either for life or for a number of  | years)                        |   |
|             | ■ No               |  |   |                               |   |
|             | ☐ Yes.             | Issuer name and description.   |   |                               |   |
| 24.         |                    | es in an education IRA, in an account in a qualifie<br>C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | ed ABLE program, or under a qual        | ified state tuition progran   | n.  |
|             | ■ No               | 0. 33 330(b)(1), 323A(b), and 323(b)(1).   |   |                               |   |
|             | Yes.               | Institution name and description. Sep  | arately file the records of any interes | sts.11 U.S.C. § 521(c):       |   |
|             | Trusts ■ No        | equitable or future interests in property (other t   | han anything listed in line 1), and     | rights or powers exercisa     | able for your benefit   |
|             | ☐ Yes.             | Give specific information about them   |   |                               |   |
| 26.         | _Exam <sub> </sub> | s, copyrights, trademarks, trade secrets, and oth<br>oles: Internet domain names, websites, proceeds fro   |   | s                             |   |
|             | ■ No<br>□ Yes.     | Give specific information about them   |   |                               |   |
| 27.         |                    | es, franchises, and other general intangibles<br>oles: Building permits, exclusive licenses, cooperativ  | e association holdings, liquor licens   | es, professional licenses     |   |
|             | ■ No<br>□ Yes.     | Give specific information about them   |   |                               |   |
|             |                    |  |   |                               | • • • • • •   |
| IVI         | oney or            | property owed to you?  |   |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 00          | To:                | runds awad to you  |   |                               |   |
| <u> 28.</u> | ■ No               | unds owed to you   |   |                               |   |
|             |                    | Give specific information about them, including whe  | ther you already filed the returns and  | d the tax years               |   |
|             | Fa ''              |  |   |                               | ·   |
| 29.         | Exam               | support bles: Past due or lump sum alimony, spousal suppor   | t, child support, maintenance, divorc   | e settlement, property settle | ement   |
|             | ■ No               |  |   |                               |   |

☐ Yes. Give specific information.....

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Page 15 of 52

Case number (if known) Document Debtor 1 **April Lynn Hite** 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$60.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 16 of 52

Case number (if known)

| Deb  | tor 1 April Lynn Hite  | #11L | —————      | Case number (if known)       |              |
|------|--|------|------------|------------------------------|--------------|
| Part | 8: List the Totals of Each Part of this Form                 |      |            |                              |              |
| 55.  | Part 1: Total real estate, line 2                            |      |            |                              | \$375,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | _    | \$0.00     |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | _    | \$3,112.00 |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      |      | \$60.00    |                              |              |
| 59.  | Part 5: Total business-related property, line 45             |      | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    |      | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54             | + _  | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | _    | \$3,172.00 | Copy personal property total | \$3,172.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |      |            |                              | \$378,172.00 |

Official Form 106A/B Schedule A/B: Property page 6 Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main

| Fill in this infor     | mation to identify your  | case:              |            |                      |
|------------------------|--------------------------|--------------------|------------|----------------------|
| Debtor 1               | April Lynn Hite          |                    |            |                      |
|                        | First Name               | Middle Name        | Last Name  |                      |
| Debtor 2               |                          |                    |            |                      |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name  |                      |
| United States Ba       | ankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA |                      |
| Case number (if known) |                          |                    |            | ☐ Check if this is a |
|                        |                          |                    |            | amended filing       |
|                        |                          |                    |            | <del>.</del>         |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/19

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Brief description of the property and line on

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the

| Schedule A/B that lists this property  | portion you own                     |     |   |                           |
|--|-------------------------------------|-----|---|---------------------------|
|  | Copy the value from<br>Schedule A/B | Che | ck only one box for each exemption.   |                           |
| Sectional Couch - 50 Coffee and End Table - 35 Fake Fire Place - 50 (4) Bed Sets - 200 (3 dressers - 60 (2) night stands - 20 Armoire - 50 (2) Dining Room Sets - 500 China Hutch - 250 China - 1000 White Whicker bedroom set - 100 Line from Schedule A/B: 6.1 | \$2,315.00                          |     | \$2,315.00  100% of fair market value, up to any applicable statutory limit | Va. Code Ann. § 34-26(4a) |
| 38 Cal Taurus<br>Line from <i>Schedule A/B</i> : 10.1  | \$250.00                            |     | \$250.00  100% of fair market value, up to any applicable statutory limit   | Va. Code Ann. § 34-26(4b) |
| All Season Clothing Line from Schedule A/B: 11.1   | \$250.00                            |     | \$250.00  100% of fair market value, up to any applicable statutory limit   | Va. Code Ann. § 34-26(4)  |

Amount of the exemption you claim

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main

Debtor 1 April Lynn Hite

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main

|                       |                           | Document  | Page 19          | 9 of 52                            |  |                   |
|-----------------------|---------------------------|---|------------------|------------------------------------|--|-------------------|
| Fill in this inform   | ation to identify you     | ur case:  |                  |                                    |  |                   |
| Debtor 1              | April Lynn Hite           |   |                  |                                    |  |                   |
| Deptor 1              | First Name                | Middle Name   | Last Name        |                                    | -                                      |                   |
| Debtor 2              |                           |   |                  |                                    |  |                   |
| (Spouse if, filing)   | First Name                | Middle Name   | Last Name        |                                    | -                                      |                   |
| United States Dan     | Luminatory Court for the  | : EASTERN DISTRICT OF VIRO  | CINIIA           |                                    |  |                   |
| United States Ban     | kruptcy Court for the     | EASTERN DISTRICT OF VIRG  | GINIA            |                                    | -                                      |                   |
| Case number           |                           |   |                  |                                    |  |                   |
| (if known)            |                           |   |                  |                                    | ☐ Check                                | if this is an     |
|                       |                           |   |                  |                                    | amend                                  | led filing        |
|                       |                           |   |                  |                                    |  |                   |
| Official Form         | <u> 106D</u>              |   |                  |                                    |  |                   |
| Schedule I            | D: Creditors              | Who Have Claims   | Secure           | d by Propert                       | V                                      | 12/15             |
|                       |                           |   |                  | J                                  | <del> </del>                           |                   |
|                       |                           | If two married people are filing togetl<br>out, number the entries, and attach it           |                  |                                    |  |                   |
| number (if known).    | Additional Lage, IIII It  | out, number the entires, and attach it  | to this form. C  | on the top of any addition         | nai pages, write your na               | ille alla case    |
| 1. Do any creditors h | nave claims secured b     | y your property?  |                  |                                    |  |                   |
| □ No. Check           | this box and submit t     | his form to the court with your other   | r schedules. Y   | ou have nothing else t             | to report on this form.                |                   |
| _                     |                           | ·   |                  | od navo nouning oldo               | to report our une remin                |                   |
| Yes. Fill in a        | all of the information    | below.  |                  |                                    |  |                   |
| Part 1: List All      | Secured Claims            |   |                  |                                    | 0.1                                    |                   |
|                       |                           | more than one secured claim, list the cre   |                  |                                    | Column B                               | Column C          |
|                       |                           | s a particular claim, list the other creditor<br>ical order according to the creditor's nan |                  | Amount of claim  Do not deduct the | Value of collateral that supports this | Unsecured portion |
|                       | it the claims in alphabet | ical order according to the creditor's han  | ne.              | value of collateral.               | claim                                  | If any            |
|                       | / Source Inc.             | Describe the property that secures  | the claim:       | \$252,539.00                       | \$375,000.00                           | \$0.00            |
| Creditor's Name       |                           | 1102 Walker Drive Frederic  | •                |                                    |  |                   |
|                       |                           | VA 22401 Fredericksburg (   | Cit              |                                    |  |                   |
| 500 South             | Broad Street              | County  | Ob 1 - 11 4b - 4 |                                    |  |                   |
| Suite 100A            | 1                         | As of the date you file, the claim is:<br>apply.  | Check all that   |                                    |  |                   |
| Meriden, C            | T 06450                   | Contingent  |                  |                                    |  |                   |
| Number, Street,       | City, State & Zip Code    | ☐ Unliquidated  |                  |                                    |  |                   |
|                       |                           | Disputed  |                  |                                    |  |                   |
| Who owes the deb      | ot? Check one.            | Nature of lien. Check all that apply.   |                  |                                    |  |                   |
| Debtor 1 only         |                           | ☐ An agreement you made (such as  | mortgage or se   | cured                              |  |                   |
| Debtor 2 only         |                           | car loan)   |                  |                                    |  |                   |
| ☐ Debtor 1 and Deb    | otor 2 only               | ☐ Statutory lien (such as tax lien, me  | echanic's lien)  |                                    |  |                   |
| At least one of the   | e debtors and another     | ☐ Judgment lien from a lawsuit  |                  |                                    |  |                   |
| ☐ Check if this cla   | im relates to a           | ☐ Other (including a right to offset)   |                  |                                    |  |                   |
| community deb         | ot                        |   |                  |                                    |  |                   |
|                       | Opened                    |   |                  |                                    |  |                   |
|                       | 10/16 Last                |   |                  |                                    |  |                   |
|                       | Active                    |   |                  |                                    |  |                   |
| Date debt was incu    | rred 3/29/19              | Last 4 digits of account num  | nber 1464        |                                    |  |                   |
|                       |                           | _   |                  |                                    |  |                   |
|                       |                           |   |                  |                                    |  |                   |
| Add the dollar val    | ue of your entries in C   | Column A on this page. Write that nun   | nber here:       | \$252,53                           | 39.00                                  |                   |
| •                     |                           | the dollar value totals from all pages  | i.               | \$252,53                           |  |                   |
| Write that number     | r here:                   |   |                  | <b>4202</b> ,00                    | 50.00                                  |                   |
| Part 2: List Other    | ers to Be Notified fo     | or a Debt That You Already Listed   | d                |                                    |  |                   |
| •                     |                           | pe notified about your bankruptcy for   |                  | ı already listed in Part 1         | For example, if a collect              | tion agency is    |
|                       |                           | owe to someone else, list the creditor  |                  |                                    |  |                   |
|                       |                           | t you listed in Part 1, list the addition   | al creditors he  | re. If you do not have ad          | ditional persons to be n               | otified for any   |
| uebts in Part 1, do i | not fill out or submit th | ns page.  |                  |                                    |  |                   |
| Name Number           | er, Street, City, State & | Zip Code  | O=t=             | ioh ling in Dort 4 did v=··-       | unter the graditare 2.1                |                   |
| Samuel I \            |                           |   | On wh            | ich line in Part 1 did you e       | anter the creditor?                    |                   |
|                       | orate Woods Dr.,          | , 120   | Last 4           | digits of account number           | 0839                                   |                   |
| VA 23642              | •                         |   |                  |                                    | <del></del>                            |                   |

Official Form 106D

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main

|  | Ouse 15 0-150 KKKT  | Document Document   | Page 2                             | 0 of 52   | 0.40                       | Descriviani  |
|--|---|---|------------------------------------|---|----------------------------|--|
| Fill in thi  | s information to identify your o  | case:   |                                    |   |                            |  |
| Debtor 1   | April Lynn Hite   |   |                                    |   |                            |  |
|  | First Name  | Middle Name   | Last Name                          |   |                            |  |
| Debtor 2<br>(Spouse if, f                          | iling) First Name   | Middle Name   | Last Name                          |   |                            |  |
| (Spouse II, I                                      | illing) Filst Name  | ivildule Name   | Last Name                          |   |                            |  |
| United St  | ates Bankruptcy Court for the:  | EASTERN DISTRICT OF VII   | RGINIA                             |   |                            |  |
| Case nur   | nher  |   |                                    |   |                            |  |
| (if known)   |   |   |                                    |   |                            | Check if this is an                                |
|  |   |   |                                    |   | ;                          | amended filing                                     |
| ٠<br>دد: -: - ا                                    | L   |   |                                    |   |                            |  |
|  | Form 106E/F   | lle a Llave Lleanarina  | d Claima                           |   |                            | 40/45  |
|  | ule E/F: Creditors W plete and accurate as possible. Us   |   |                                    |   |                            | 12/15  |
| schedule (<br>schedule I<br>eft. Attach<br>ame and | tory contracts or unexpired leases S: Executory Contracts and Unexpidence Claims Secure the Continuation Page to this pag case number (if known). | ired Leases (Official Form 106G)<br>ured by Property. If more space i<br>e. If you have no information to i | . Do not include<br>s needed, copy | any creditors with partially see the Part you need, fill it out, nu | cured claim<br>imber the e | s that are listed in<br>ntries in the boxes on the |
| Part 1:  | List All of Your PRIORITY Un  |   |                                    |   |                            |  |
| _  | y creditors have priority unsecured   | d claims against you?   |                                    |   |                            |  |
|  | o. Go to Part 2.  |   |                                    |   |                            |  |
| ☐ Ye   | S.  |   |                                    |   |                            |  |
| Part 2:  | List All of Your NONPRIORIT   | Y Unsecured Claims  |                                    |   |                            |  |
|  | y creditors have nonpriority unsec  |   |                                    |   |                            |  |
| _  |   | - ,   | th vour other och                  | a dula a  |                            |  |
| _ INC  | o. You have nothing to report in this pa  | art. Submit this form to the court wi   | in your other sche                 | adules.   |                            |  |
| Ye   | S.  |   |                                    |   |                            |  |
| unsec  | Il of your nonpriority unsecured cla<br>ured claim, list the creditor separately<br>one creditor holds a particular claim, li                     | for each claim. For each claim list   | ed, identify what t                | type of claim it is. Do not list clain                              | ns already ir              | cluded in Part 1. If more                          |
|  |   |   |                                    |   |                            | Total claim  |
| 4.1  | Acceptance Now  | Last 4 digits of a  | ccount number                      | 0624  |                            | \$0.00   |
|  | Ionpriority Creditor's Name   |   |                                    |   |                            |  |
|  | Attn: Bankruptcy  | \ <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | h. t. :                            | Opened 04/13 Last Ac  | ctive                      |  |
|  | 5501 Headquarters Drive<br>Plano, TX 75024  | When was the de   | ept incurred?                      | 6/02/14   |                            | _  |
|  | lumber Street City State Zip Code   | As of the date yo   | u file, the claim                  | is: Check all that apply  |                            |  |
| V  | Who incurred the debt? Check one.   |   |                                    |   |                            |  |
|  | Debtor 1 only   | ☐ Contingent  |                                    |   |                            |  |
|  | Debtor 2 only   | ☐ Unliquidated  |                                    |   |                            |  |
|  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                    |   |                            |  |
|  | At least one of the debtors and and   | other Type of NONPRIC   | ORITY unsecure                     | d claim:  |                            |  |
|  | Check if this claim is for a comm   | nunity  |                                    |   |                            |  |
|  | ebt   |   |                                    | aration agreement or divorce that                                   | you did not                |  |
| _  | s the claim subject to offset? ■  | report as priority c  |                                    | ag plane, and other similar delite                                  |                            |  |
|  | No  | ·   | ·                                  | ng plans, and other similar debts                                   |                            |  |
|  | Yes   | Other Specify   | Rental Agre                        | eement  |                            |  |

| Bank of America Nonpriority Creditor's Name                          | Last 4 digits of account number  | 9058  | \$0.00   |
|--|--|---|--|
|  | Luucationa   | <u>"</u>  |  |
|  | Educationa   |   |  |
| ☐ Yes  | Other. Specify   |   |  |
| ■ No   |  | ng plans, and other similar debts   |  |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not   |  |
| ☐ Check if this claim is for a community                             | Student loans  |   |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured  | d claim:  |  |
| _ ′  | ☐ Disputed   |   |  |
|  | ☐ Unliquidated   |   |  |
| ■ Debtor 1 only  | ☐ Contingent   |   |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply  |  |
| Attn: Bankruptcy<br>Po Box 2461<br>Harrisburg, PA 17105              | When was the debt incurred?  | Opened 11/05 Last Active<br>8/09/10   |  |
| Aes/bank Of New York Nonpriority Creditor's Name                     | Last 4 digits of account number  | 0001  | \$0.00   |
|  | Educationa   | ıl  |  |
| ☐ Yes  | Other. Specify   |   |  |
| ■ No   | Debts to pension or profit-sharing   | ng plans, and other similar debts   |  |
| dept<br>Is the claim subject to offset?                              | Obligations arising out of a sepa<br>report as priority claims   | aration agreement or divorce that you did not   |  |
| Check if this claim is for a community                               | _  |   |  |
| ☐ At least one of the debtors and another                            | <u></u> '  | d claim:  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |  |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |  |
| Debtor 1 only  | ☐ Contingent   |   |  |
| Who incurred the debt? Check one.                                    | ,  |   |  |
|  | As of the date you file, the claim i   | is: Check all that apply  |  |
| Po Box 2461  | When was the debt incurred?  | 9/09/10   |  |
| Attn: Bankruptcy   |  | Opened 11/05 Last Active  |  |
| Aes/bank Of New York   | Last 4 digits of account number  | 0002  | \$0.00   |
|  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Aes/bank Of New York Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Aes/bank Of New York Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Harrisburg, PA 17105  Aes/bank Of New York Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only When was the debt incurred?  As of the date you file, the claim Unliquidated Type of NONPRIORITY unsecurer Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin  Aes/bank Of New York Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Debts to pension or profit-sharin | Aes/bank Of New York Nonpriority Creditor's Name Attr: Bankruptcy PO Box 2461 Harrisburg, PA 17105 Number Street City State Zip Code When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of NoNPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Obetic pension or profit-sharing plans, and other similar debts  Educational  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  Opened 11/05 Last Active  When was the debt incurred?  Opened 11/05 Last Active  Opened 11/05 Last Active  Opened 11/05 Last Active  Opened 11/05 Last Activ |

Po Box 982238 El Paso, TX 79998

Number Street City State Zip Code

Who incurred the debt? Check one.

■ Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another  $\square$  Check if this claim is for a community

debt

Is the claim subject to offset?

■ No

☐ Yes

When was the debt incurred?

6/17/16

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify FHA Real Estate Mortgage

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 22 of 52 Case number (if known)

April Lynn Hite Last 4 digits of account number 0716

| 4.5 | Benchmark Bank   | Last 4 digits of account number                              | 0716   | \$0.00 |
|-----|--|--|--|--------|
|     | Nonpriority Creditor's Name  |  | Opened 07/16 Last Active                     |        |
|     | 461 Beecher Rd<br>Gahanna, OH 43230  | When was the debt incurred?                                  | 10/19/16                                     |        |
|     | Number Street City State Zip Code Who incurred the debt? Check one.                      | As of the date you file, the claim i                         | s: Check all that apply                      |        |
|     | Debtor 1 only  | ☐ Contingent   |  |        |
|     | Debtor 2 only  | ☐ Unliquidated   |  |        |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |        |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |        |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |  |        |
|     | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |        |
|     | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |        |
|     | Yes  | Other. Specify Real Estate                                   | Mortgage                                     |        |
| 4.6 | Best Buy/cbna  | Last 4 digits of account number                              | 6983   | \$0.00 |
|     | Nonpriority Creditor's Name  | When was the debt incurred?                                  | Opened 11/07 Last Active 4/22/15             |        |
|     | Number Street City State Zip Code  Who incurred the debt? Check one.                     | As of the date you file, the claim i                         | s: Check all that apply                      |        |
|     | Debtor 1 only  | ☐ Contingent   |  |        |
|     | Debtor 2 only  | ☐ Unliquidated   |  |        |
|     | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |  |        |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |        |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |  |        |
|     | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |        |
|     | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |        |
|     | □Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |        |
| 4.7 | Citibank/The Home Depot Nonpriority Creditor's Name                                      | Last 4 digits of account number                              | 8719   | \$0.00 |
|     | Attn: Recovery/Centralized Bankruptcy Po Box 790034                                      | When was the debt incurred?                                  | Opened 10/03 Last Active 4/13/05             |        |
|     | St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | s: Check all that apply                      |        |
|     | Debtor 1 only  | ☐ Contingent   |  |        |
|     | Debtor 2 only  | ☐ Unliquidated   |  |        |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |        |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |        |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |  |        |
|     | debt   |  | ration agreement or divorce that you did not |        |
|     | Is the claim subject to offset?  | report as priority claims                                    | a plane, and other similar 3-14-             |        |
|     | ■ No   | ☐ Debts to pension or profit-sharin                          | •  |        |
|     | ☐ Yes  | Other. Specify Charge Acc                                    | count  |        |
|     |  |  |  |        |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Page 23 of 52 Case number (if known) Document Debtor 1 April Lynn Hite 4.8 \$0.00 Comenity Bank/Victoria Secret Last 4 digits of account number 0168 Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/11 Last Active Po Box 182125 When was the debt incurred? 8/03/19 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.9 First Service Residential Last 4 digits of account number 8744 \$626.00 Nonpriority Creditor's Name 11351 Random Hills Rd When was the debt incurred? 1/2019 - Present Fairfax, VA 22030 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify HOA dues ☐ Yes 4.1 **OneMain Financial** 9110 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/10 Last Active Po Box 3251 When was the debt incurred? 1/29/16 Evansville, IN 47731 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

☐ Yes

debt

■ No

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

Schedule E/F: Creditors Who Have Unsecured Claims

Type of NONPRIORITY unsecured claim:

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

■ Other. Specify Unsecured

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 24 of 52 Case number (if known)

Phoenix Financial Services. Llc

Last 4 digits of account number 0873

| 1        | Phoenix Financial Services. Llc  | Last 4 digits of account number                            | 0873  | \$0.00 |
|----------|--|--|---|--------|
|          | Nonpriority Creditor's Name Attn: Bankruptcy   | _  | Opened 12/15 Last Active                      |        |
|          | Po Box 361450  | When was the debt incurred?                                | 2/26/16                                       |        |
|          | Indianapolis, IN 46236  Number Street City State Zip Code                                | As of the date you file, the claim i                       | is: Check all that apply                      |        |
|          | Who incurred the debt? Check one.  | •  |   |        |
|          | Debtor 1 only  | ☐ Contingent   |   |        |
|          | Debtor 2 only  | ☐ Unliquidated   |   |        |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |        |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |        |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |        |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |        |
|          | No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |        |
|          | Yes  | ■ Other. Specify Emergency                                 | Attorney Skipwith Road<br>Phys L              |        |
| 4.1      | Receivable Management Inc  Nonpriority Creditor's Name                                   | Last 4 digits of account number                            | 6594  | \$0.00 |
|          | 7206 Hull Rd<br>Ste 211  | When was the debt incurred?                                | Opened 11/17 Last Active 3/22/19              |        |
|          | Richmond, VA 23235  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                       | is: Check all that apply                      |        |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |        |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |        |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |        |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |        |
|          | ☐ Check if this claim is for a community   | Student loans  |   |        |
|          | debt Is the claim subject to offset?   | report as priority claims                                  | ration agreement or divorce that you did not  |        |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |        |
|          | Yes  | Other. Specify Collection A                                | Attorney Patient First                        |        |
| 4.1<br>3 | Synchrony Bank   | Last 4 digits of account number                            | 7567  | \$0.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896             | When was the debt incurred?                                | Opened 11/13 Last Active 7/08/15              |        |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                      | As of the date you file, the claim i                       | is: Check all that apply                      |        |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |        |
|          | Debtor 2 only  | ☐ Unliquidated   |   |        |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |        |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |        |
|          | ☐ Check if this claim is for a community   | Student loans  |   |        |
|          | debt Is the claim subject to offset?   | report as priority claims                                  | ration agreement or divorce that you did not  |        |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |        |
|          | Yes  | ■ Other. Specify Charge Acc                                | count   |        |
|          |  |  |   |        |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 25 of 52

| Debto    | r 1 April Lynn Hite  |  | Case number (if known)                        |             |
|----------|--|--|---|-------------|
| 4.1      | Verizon  | Last 4 digits of account number                              | 0001  | \$0.00      |
| 4        | Nonpriority Creditor's Name Verizon Wireless Bk Admin 500 Technology Dr Ste 550 Weldon Springs, MO 63304 | When was the debt incurred?                                  | Opened 06/12 Last Active 1/29/19              | <del></del> |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                                     | As of the date you file, the claim i                         | is: Check all that apply                      |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts              |             |
|          | Yes  | ■ Other. Specify Agriculture                                 |   |             |
| 4.1<br>5 | Volkswagen Credit, Inc   | Last 4 digits of account number                              | 0218  | \$0.00      |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3 Hillboro, OR 97123                                 | When was the debt incurred?                                  | Opened 05/10 Last Active 7/13/16              |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                                     | As of the date you file, the claim i                         | is: Check all that apply                      |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | Debtor 1 and Debtor 2 only   | Disputed   |   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a sepa report as priority claims  | aration agreement or divorce that you did not |             |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |             |
|          | Yes  | Other. Specify Automobile                                    | 9   |             |
| 4.1      | Woehrle Dahlberg Jones Yao  Nonpriority Creditor's Name  | Last 4 digits of account number                              |   | \$8,188.14  |
|          | 2016 Lafayette Blvd, Ste 101 Fredericksburg, VA 22401  | When was the debt incurred?                                  | 1/2019 - present                              |             |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                                      | As of the date you file, the claim i                         | is: Check all that apply                      |             |
|          | Debtor 1 only  | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |             |
|          | ☐ Check if this claim is for a community debt  |  | aration agreement or divorce that you did not |             |
|          | Is the claim subject to offset?  | report as priority claims                                    |   |             |
|          | ■ No   | ☐ Debts to pension or profit-sharin                          |   |             |
|          | Yes  | ■ Other. Specify Attorney's                                  | Fees  |             |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Case 19-34196-KRH Doc 1 Page 26 of 52 Case number (if known) Document

Debtor 1 April Lynn Hite

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Т  | otal Claim |
|-----------------------|-----|---|-----|----|------------|
| Total                 | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
| iioiii i ait i        |     | • •   |     | *  | 0.00       |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|                       | 6d. | <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$ | 0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|                       |     |   |     | Т  | otal Claim |
| Total                 | 6f. | Student loans   | 6f. | \$ | 0.00       |
| claims                |     |   |     |    |            |
| rom Part 2            | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 8,814.14   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 8,814.14   |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main

| Fill in this infor  | rmation to identify your | case:              |            |  |
|---------------------|--------------------------|--------------------|------------|--|
| Debtor 1            | April Lynn Hite          |                    |            |  |
|                     | First Name               | Middle Name        | Last Name  |  |
| Debtor 2            |                          |                    |            |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |  |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F VIRGINIA |  |
| Case number         |                          |                    |            |  |
| (if known)          |                          |                    |            |  |
|                     |                          |                    |            |  |

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|---|
| 2.1 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          | <del>_</del>                            |
| 2.2 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.3 | •         |                           |                       |                   |   |
|     | Name      |                           |                       |                   | <del>_</del>                            |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.4 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.5 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
|     |           |                           |                       |                   |   |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main

|                                 |  | Docume   | nt Page 28 of           | <u> 52                                     </u>  |        |
|---------------------------------|--|--|-------------------------|--|--------|
| Fill in this info               | ormation to identify your                                    | case:  |                         |  |        |
| Debtor 1                        | April Lynn Hite  |  |                         |  |        |
|                                 | First Name   | Middle Name  | Last Name               |  |        |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name  | Last Name               |  |        |
| United States                   | Bankruptcy Court for the:                                    | EASTERN DISTRICT OF  | - VIRGINIA              |  |        |
| Case number                     |  |  |                         |  |        |
| (if known)                      |  |  |                         | ☐ Check if this is an amended filing   |        |
| Official F                      | form 106H  |  |                         |  |        |
| Schedul                         | e H: Your Cod  | ebtors   |                         | 12/1   | 5      |
| our name and                    | d case number (if known                                      | boxes on the left. Attach<br>). Answer every question.<br>you are filing a joint case, c | _                       | e this page. On the top of any Additional Pages, writes  | te     |
|                                 |  | u lived in a community pro<br>, Nevada, New Mexico, Pue                                  |                         | ? (Community property states and territories include ngton, and Wisconsin.)  |        |
| ■ No. Go<br>□ Yes. Di           |  | use, or legal equivalent live  | with you at the time?   |  |        |
| in line 2 a                     | igain as a codebtor only<br>D), Schedule E/F (Officia        | if that person is a guarant  | or or cosigner. Make su | if your spouse is filing with you. List the person shoure you have listed the creditor on Schedule D (Off<br>GG). Use Schedule D, Schedule E/F, or Schedule G to | ficial |
|                                 | umn 1: Your codebtor<br>e, Number, Street, City, State and Z | IP Code  |                         | Column 2: The creditor to whom you owe the de Check all schedules that apply:  | ebt    |
| 990                             | on Hite<br>3 Tavern Court<br>dericksburg, VA 2240            | 3  |                         | ■ Schedule D, line2.1 Schedule E/F, line Schedule G The Money Source Inc.  |        |

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## Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 29 of 52

| Eill        | in this information to identify your c  | 200                        |   |          |       | 1           |              |              |         |                             |
|-------------|---|----------------------------|---|----------|-------|-------------|--------------|--------------|---------|-----------------------------|
|             | otor 1 April Lynn I   |                            |   |          |       |             |              |              |         |                             |
|             | otor 2 use, if filing)  |                            |   |          | _     |             |              |              |         |                             |
| Uni         | ted States Bankruptcy Court for the   | : EASTERN DISTRICT         | OF VIRGINIA   |          |       |             |              |              |         |                             |
|             | se number<br>   |                            |   |          |       | □ A         |              | d filing     |         | petition chapter<br>g date: |
| 0           | fficial Form 106I   |                            |   |          |       | N           | 1M / DD/ Y   | YYY          |         |                             |
| S           | chedule I: Your Inc   | ome                        |   |          |       |             |              |              |         | 12/15                       |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ır spouse is not filing wi | ith you, do not include                             | inforr   | natio | on abou     | t your spo   | ouse. If mo  | ore spa | ice is needed,              |
| 1.          | Fill in your employment information.  |                            | Debtor 1  |          |       |             | Debtor 2     | or non-fil   | ling sp | ouse                        |
|             | If you have more than one job, attach a separate page with information about additional                                     | Employment status          | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |          |       |             | ☐ Emple      | •            |         |                             |
|             | employers.  | Occupation                 | Office Manager                                      |          |       |             |              |              |         |                             |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | Arista Real Estate                                  | , LLC    | ;     |             |              |              |         |                             |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         | 10008 Southpoint<br>Fredericksburg, V               |          |       | 05          |              |              |         |                             |
|             |   | How long employed to       | here? 7 months                                      |          |       |             | _            |              |         |                             |
| Par         | t 2: Give Details About Mor   | nthly Income               |   |          |       |             |              |              |         |                             |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to repo                            | ort for  | any   | line, write | e \$0 in the | space. Inc   | lude yo | our non-filing              |
|             | u or your non-filing spouse have me<br>e space, attach a separate sheet to  |                            | ombine the information fo                           | or all e | mplo  | oyers for   | that perso   | n on the lir | nes bel | ow. If you need             |
|             |   |                            |   |          |       | For Del     | otor 1       | For Dek      |         |                             |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |   | 2.       | \$    | 2           | ,750.00      | \$           |         | N/A                         |
| 3.          | Estimate and list monthly overt   | ime pay.                   |   | 3.       | +\$   |             | 0.00         | +\$          |         | N/A                         |

2,750.00

\$

N/A

Calculate gross Income. Add line 2 + line 3.

# Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 30 of 52

| Debt | tor 1        | April Lynn Hite   | _          | С        | ase number (if know | wn)      |          |          |            |          |
|------|--------------|---|------------|----------|---------------------|----------|----------|----------|------------|----------|
|      |              |   |            |          |                     |          |          |          |            |          |
|      |              |   |            |          | For Debtor 1        |          |          | Debtor 2 |            |          |
|      | Cop          | y line 4 here   | 4.         | -        | \$ 2,750.           | 00       | \$       |          | N/A        |          |
| _    |              |   |            |          |                     |          |          |          |            | _        |
| 5.   | List         | all payroll deductions:   |            |          |                     |          |          |          |            |          |
|      | 5a.          | Tax, Medicare, and Social Security deductions   | 5a.        |          | \$ 606.             |          | \$       |          | N/A        | _        |
|      | 5b.          | Mandatory contributions for retirement plans  | 5b.        |          | . —                 | 00       | \$       |          | N/A        | _        |
|      | 5c.          | Voluntary contributions for retirement plans  | 5c.        |          |                     | 00       | \$       |          | N/A        | _        |
|      | 5d.          | Required repayments of retirement fund loans Insurance  | 5d.        |          |                     | 00       | \$       |          | N/A<br>N/A | _        |
|      | 5e.<br>5f.   | Domestic support obligations  | 5e.<br>5f. |          | :                   | 00<br>00 | \$       |          | N/A<br>N/A | _        |
|      | 5g.          | Union dues  | 5g.        |          |                     | 00       | \$       |          | N/A        | _        |
|      | 5h.          | Other deductions. Specify:  | 5h.        |          | •                   |          | + \$     |          | N/A        | _        |
| 6.   | Δdd          | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _<br>6.    | 9        |                     |          | \$       |          | N/A        | =        |
| 7.   |              | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | 9        |                     |          | \$       |          | N/A        | _        |
|      |              |   | ٠.         | ,        | 2,143.              | 12       | Ψ        |          | IN/A       | -        |
| 8.   | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business,        |            |          |                     |          |          |          |            |          |
|      | ou.          | profession, or farm   |            |          |                     |          |          |          |            |          |
|      |              | Attach a statement for each property and business showing gross   |            |          |                     |          |          |          |            |          |
|      |              | receipts, ordinary and necessary business expenses, and the total monthly net income.                       | 8a.        |          | \$ 0.0              | 00       | \$       |          | N/A        |          |
|      | 8b.          | Interest and dividends  | 8b.        |          | •                   | 00       | \$       |          | N/A        | _        |
|      | 8c.          | Family support payments that you, a non-filing spouse, or a dependent                                       |            |          | <u> </u>            |          | <b>—</b> |          | 11//       | -        |
|      |              | regularly receive   |            |          |                     |          |          |          |            |          |
|      |              | Include alimony, spousal support, child support, maintenance, divorce                                       | 0-         |          | ф <b>7</b> 00       | •        | æ        |          | N1/A       |          |
|      | 8d.          | settlement, and property settlement.  | 8c.<br>8d. |          | \$                  |          | \$       |          | N/A        | _        |
|      | ou.<br>8e.   | Unemployment compensation Social Security   | 8e.        |          | : <del></del>       | 00       | \$<br>\$ |          | N/A<br>N/A | _        |
|      | 8f.          | Other government assistance that you regularly receive  | 00.        |          | Ψ                   | 00       | Ψ        |          | 11//       | =        |
|      |              | Include cash assistance and the value (if known) of any non-cash assistance                                 | :          |          |                     |          |          |          |            |          |
|      |              | that you receive, such as food stamps (benefits under the Supplemental                                      |            |          |                     |          |          |          |            |          |
|      |              | Nutrition Assistance Program) or housing subsidies.  Specify:   | 8f.        | :        | \$ 0.0              | 00       | \$       |          | N/A        |          |
|      | 8g.          | Pension or retirement income  | _ 8g.      |          |                     | 00       | \$       |          | N/A        | -        |
|      | 8h.          | Other monthly income. Specify:  | 8h         |          |                     | _        | + \$     |          | N/A        | -        |
|      |              | · · · · · · · · · · · · · · · · · · ·   | _          |          |                     |          | _        |          |            | -<br>    |
| 9.   | Add          | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$       | 780.                | 20       | \$       |          | N/A        | 4        |
|      |              |   | _          | <u> </u> |                     | 닏        |          |          |            |          |
| 10.  | Cald         | culate monthly income. Add line 7 + line 9.   | 10. \$     | 5        | 2,923.32 +          | - \$     |          | N/A      | = \$       | 2,923.32 |
|      | Add          | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                      |            |          |                     |          |          |          |            |          |
| 11.  | Stat         | e all other regular contributions to the expenses that you list in Schedule                                 | J.         |          |                     |          |          |          |            |          |
|      |              | ide contributions from an unmarried partner, members of your household, your                                | deper      | nde      | nts, your roomm     | ates     | , and    |          |            |          |
|      |              | r friends or relatives.<br>not include any amounts already included in lines 2-10 or amounts that are not a | availal    | hla      | to nav evnence      | e liet   | ed in S  | chedule  | ,          |          |
|      | Spe          | ,   | avalla     | DIC      | to pay expense.     | 3 1130   | 50 III O | 11.      |            | 0.00     |
|      | ·            | · -   |            |          |                     |          | _        | г        |            |          |
| 12.  |              | the amount in the last column of line 10 to the amount in line 11. The res                                  |            |          |                     |          |          |          |            |          |
|      |              | e that amount on the Summary of Schedules and Statistical Summary of Certai                                 | in Liab    | oiliti   | es and Related      | Data     | , if it  | 12.      | \$         | 2,923.32 |
|      | appl         | les   |            |          |                     |          |          | 12.      | Ψ          | _,0_00   |
|      |              |   |            |          |                     |          |          |          | Combi      |          |
| 13   | Dov          | ou expect an increase or decrease within the year after you file this form                                  | ?          |          |                     |          |          | I        | ınonthi    | y income |
| ٠٥.  | <b>D</b> U , | No.   | -          |          |                     |          |          |          |            |          |
|      | _            | Yes Explain:  |            |          |                     |          |          |          |            |          |

Official Form 106l Schedule I: Your Income page 2

## Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 31 of 52

| ΞIII       | in this informat                | tion to identify yo  | ur caca:               |  |   |           |         |                   |                               |       |
|------------|---------------------------------|--|------------------------|--|---|-----------|---------|-------------------|-------------------------------|-------|
|            |                                 | don to identify yo   | ui case.               |  |   |           |         |                   |                               |       |
| Deb        | tor 1                           | April Lynn H   | ite                    |  |   |           |         | f this is:        |                               |       |
| Deb        | tor 2                           |  |                        |  |   |           | -       | n amended filing  | ving postpetition cha         | nter  |
|            | ouse, if filing)                |  |                        |  |   | Ц         |         |                   | the following date:           | ptei  |
| Linia      | ad Ctatas Danke                 | untary Court for the   | EASTE                  | DN DISTRICT OF VIRCIN                                | 11.0                                    |           | - N / I | M / DD / YYYY     |                               |       |
| Unit       | ed States Bankri                | uptcy Court for the:   | EASIE                  | RN DISTRICT OF VIRGIN                                | IIIA                                    |           | IVII    | או / טט / ז ז ז ז |                               |       |
| l          | e number<br>nown)               |  |                        |  |   |           |         |                   |                               |       |
| Of         | fficial Fo                      | rm 106J  |                        |  |   |           |         |                   |                               |       |
| So         | chedule                         | J: Your I  | Exper                  | ises   |   |           |         |                   |                               | 12/15 |
| Be<br>info | as complete a                   | and accurate as  | possible<br>eded, atta | If two married people ar<br>ch another sheet to this |   |           |         |                   |                               |       |
|            |                                 | ibe Your House   | hold                   |  |   |           |         |                   |                               |       |
| 1.         | Is this a join                  |  |                        |  |   |           |         |                   |                               |       |
|            | ■ No. Go to                     |  |                        | -t- bb-140   |   |           |         |                   |                               |       |
|            |                                 | s Debtor 2 live i  | n a separ              | ate nousehold?                                       |   |           |         |                   |                               |       |
|            | □ No                            |  | t file Offici          | al Form 106J-2, <i>Expenses</i>                      | s for Separate Housel                   | hold of D | ebtor   | 2.                |                               |       |
| _          |                                 |  | _                      | -, -, -, -, -, -, -, -, -, -, -, -, -, -             |   |           |         |                   |                               |       |
| 2.         | •                               | e dependents?  | ☐ No                   |  |   |           |         |                   |                               |       |
|            | Do not list De Debtor 2.        | ebtor 1 and  | Yes.                   | Fill out this information for each dependent         | Dependent's relation Debtor 1 or Debtor |           |         | Dependent's age   | Does dependent live with you? |       |
|            | Do not state                    | the  |                        |  |   |           |         |                   | □ No                          |       |
|            | dependents i                    | names.   |                        |  | Daughter                                |           |         | 9                 | Yes                           |       |
|            |                                 |  |                        |  |   |           |         |                   | □ No                          |       |
|            |                                 |  |                        |  | Daughter                                |           |         | 15                | Yes                           |       |
|            |                                 |  |                        |  |   |           |         |                   | □ No                          |       |
|            |                                 |  |                        |  |   |           |         |                   | ☐ Yes                         |       |
|            |                                 |  |                        |  |   |           |         |                   | □ No<br>□ Yes                 |       |
| 3.         | Do vour exp                     | enses include  | _                      | Na   |   |           |         |                   | □ res                         |       |
|            | expenses of yourself and        | people other the people of the | nan<br>nts? □          | No<br>Yes  |   |           |         |                   |                               |       |
| Est        | imate your ex                   |  | our bankr              | uptcy filing date unless y                           |   |           |         |                   |                               |       |
|            | enses as of a<br>plicable date. | date after the b   | ankruptc               | y is filed. If this is a supp                        | olemental Schedule                      | J, check  | the     | box at the top o  | t the form and fill in        | the   |
|            |                                 |  |                        | government assistance i                              |   |           |         |                   |                               |       |
|            | ficial Form 10                  |  |                        |  | . • • • • • • • • • • • • • • • • • • • | - 4       | _       | Your expe         | enses                         |       |
| 4.         |                                 | r home ownersl<br>d any rent for the   |                        | ses for your residence. I                            | nclude first mortgage                   | 4.        | \$      |                   | 0.00                          |       |
|            | If not includ                   | ed in line 4:  |                        |  |   |           |         |                   |                               |       |
|            | 4a. Real e                      | state taxes  |                        |  |   | 4a.       | \$      |                   | 0.00                          |       |
|            |                                 | rty, homeowner's   | , or renter            | 's insurance   |   | 4b.       |         |                   | 0.00                          |       |
|            |                                 |  |                        | ıpkeep expenses                                      |   | 4c.       | - : -   |                   | 0.00                          |       |
| _          |                                 | owner's associati  |                        |  |   | 4d.       |         |                   | 118.00                        |       |
| 5.         | Additional n                    | nortgage payme   | ents for yo            | <b>our residence,</b> such as ho                     | me equity loans                         | 5.        | \$      |                   | 0.00                          |       |

# Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 32 of 52

| btor | 1 April Lynn Hite   | Case num       | ber (if known)    |                        |
|------|---|----------------|-------------------|------------------------|
| Ut   | ilities:  |                |                   |                        |
| 6a   |   | 6a.            | \$                | 0.00                   |
| 6b   |   | 6b.            | ·                 | 0.00                   |
| 60   |   | 6c.            | \$                | 0.00                   |
| 60   | •   | 6d.            |                   | 54.99                  |
|      | Xfinity Comcast   |                | \$                | 59.99                  |
| Fo   | ood and housekeeping supplies   | 7.             | \$                | 750.00                 |
|      | nildcare and children's education costs   | 8.             | \$                | 550.00                 |
| _    | othing, laundry, and dry cleaning   | 9.             | \$                | 0.00                   |
|      | ersonal care products and services  | 10.            | ·                 | 0.00                   |
|      | edical and dental expenses  | 11.            | ·                 | 0.00                   |
|      | ansportation. Include gas, maintenance, bus or train fare.  |                |                   |                        |
|      | o not include car payments.   | 12.            | \$                | 120.00                 |
| . Er | ntertainment, clubs, recreation, newspapers, magazines, and books   | 13.            | \$                | 120.00                 |
| Cł   | naritable contributions and religious donations   | 14.            | \$                | 280.00                 |
| ln:  | surance.  |                |                   |                        |
|      | not include insurance deducted from your pay or included in lines 4 or 20.  |                |                   |                        |
|      | a. Life insurance   | 15a.           |                   | 0.00                   |
| 15   | b. Health insurance   | 15b.           | ·                 | 0.00                   |
| 15   | c. Vehicle insurance  | 15c.           | \$                | 0.00                   |
|      | d. Other insurance. Specify:  | 15d.           | \$                | 0.00                   |
|      | <b>xes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |                |                   |                        |
|      | pecify:   | 16.            | \$                | 0.00                   |
|      | stallment or lease payments:  |                | •                 |                        |
|      | a. Car payments for Vehicle 1   | 17a.           | ·                 | 0.00                   |
|      | b. Car payments for Vehicle 2   | 17b.           |                   | 0.00                   |
|      | c. Other. Specify:  | 17c.           | ·                 | 0.00                   |
| 17   | d. Other. Specify:  | 17d.           | \$                | 0.00                   |
|      | our payments of alimony, maintenance, and support that you did not report a   |                | <b>c</b>          | 0.00                   |
|      | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106)   | ) <b>.</b> 18. | ·                 |                        |
|      | her payments you make to support others who do not live with you.   |                | \$                | 0.00                   |
|      | pecify:   | 19.            |                   |                        |
|      | her real property expenses not included in lines 4 or 5 of this form or on Sc   |                |                   | 0.00                   |
|      | a. Mortgages on other property  | 20a.           | · -               | 0.00                   |
|      | b. Real estate taxes  | 20b.           | ·                 | 0.00                   |
|      | c. Property, homeowner's, or renter's insurance   | 20c.           |                   | 0.00                   |
|      | d. Maintenance, repair, and upkeep expenses   | 20d.           |                   | 0.00                   |
|      | e. Homeowner's association or condominium dues  | 20e.           | ·                 | 0.00                   |
| Ot   | her: Specify:   | 21.            | +\$               | 0.00                   |
| C    | alculate your monthly expenses  |                |                   |                        |
|      | a. Add lines 4 through 21.  |                | \$                | 2,052.98               |
|      | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | 2              | \$                | _,002.00               |
|      | c. Add line 22a and 22b. The result is your monthly expenses.   | -              | \$ ———            | 2.052.02               |
| 22   | 6. Add the 22a and 22b. The result is your monthly expenses.  |                | Φ                 | 2,052.98               |
| Ca   | alculate your monthly net income.   |                |                   |                        |
| 23   | a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a.           | \$                | 2,923.32               |
| 23   | b. Copy your monthly expenses from line 22c above.  | 23b.           | -\$               | 2,052.98               |
|      |   |                |                   | _,                     |
| 23   | c. Subtract your monthly expenses from your monthly income.   |                | •                 | 070.04                 |
|      | The result is your monthly net income.  | 23c.           | <b>\$</b>         | 870.34                 |
|      | you expect an increase or decrease in your expenses within the year after   |                |                   | se or decrease because |
| Fo   | r example, do you expect to finish paying for your car loan within the year or do you expect you<br>dification to the terms of your mortgage? | our mortgage p | payment to increa | oc or decrease because |
| Fo   |   | our mortgage p | payment to increa | se of decrease because |

# Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 33 of 52

| Fill in this info   | rmation to identify your                        | caso:                    |                         |                             |                                      |
|---------------------|---|--------------------------|-------------------------|-----------------------------|--------------------------------------|
|                     |   | case.                    |                         |                             |                                      |
| Debtor 1            | April Lynn Hite First Name                      | Middle Name              | Last Name               |                             |                                      |
| Debtor 2            |   |                          |                         |                             |                                      |
| (Spouse if, filing) | First Name                                      | Middle Name              | Last Name               |                             |                                      |
| United States B     | sankruptcy Court for the:                       | EASTERN DISTRICT O       | F VIRGINIA              |                             |                                      |
| Case number         |   |                          |                         |                             |                                      |
| (if known)          |   |                          |                         |                             | ☐ Check if this is an                |
|                     |   |                          |                         |                             | amended filing                       |
|                     |   |                          |                         |                             |                                      |
| Official For        | m 106Dec  |                          |                         |                             |                                      |
|                     |   | an Individual            | Dehtor's S              | chadulas                    | 12/15                                |
|                     |   |                          |                         |                             | .2,.0                                |
| Sig                 | gn Below  |                          |                         |                             |                                      |
| Did you pa          | ay or agree to pay some                         | one who is NOT an attor  | ney to help you fill ou | ut bankruptcy forms?        |                                      |
| ■ No                |   |                          |                         |                             |                                      |
| ☐ Yes.              | Name of person                                  |                          |                         | Attach Ban                  | nkruptcy Petition Preparer's Notice, |
| _                   |   |                          |                         | Declaration                 | n, and Signature (Official Form 119) |
|                     | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules f    | filed with this declaration | on and                               |
| X /s/ Ap            | oril Lynn Hite                                  |                          | X                       |                             |                                      |
| April l             | Lynn Hite<br>ure of Debtor 1                    |                          |                         | e of Debtor 2               |                                      |
| _                   |   |                          | Date                    |                             |                                      |
| Date                | August 13, 2019                                 |                          | Date                    |                             |                                      |

## Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 34 of 52

| Debtor 1   |            |
|--|------------|
| Debtor 2  Goouse f, filling)  First Name  Modile Name  Last Name  United States Bankruptcy Court for the:  EASTERN DISTRICT OF VIRGINIA  Case number (if known)  Official Form 107  Statement of Financial Affairs for Individuals Filling for Bankruptcy  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correctinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and on unber (if known). Answer every question.  Part 1:  Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married  Not married  During the last 3 years, have you lived anywhere other than where you live now?  Married  Not married  Dates Debtor 1 Prior Address:  Ilived there  1102 Walker Dr  From To:  Same as Debtor 1  Ilived there  1102 Walker Dr  Fredericksburg, VA 22401  Dates Debtor 1  Same as Debtor 1  Same as Debtor 1  Same as Debtor 1  Same as A Debtor 1  Same as Debtor 1 |            |
| Debtor 2 (Spoose f, First Name   Middle Name   Last Name   United States Bankruptcy Court for the:   EASTERN DISTRICT OF VIRGINIA    Case number (If texamy)   Check if this is amended filing    Official Form 107  Statement of Financial Affairs for Individuals Filling for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and enumber (if known), Answer every question.  Fart 1:   Give Details About Your Marital Status and Where You Lived Before    1.   What is your current marital status?     Married   Not married    No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address:   Dates Debtor 1   No   Petron Address:   Dates Debtor 1   No   Same as Debtor 1   Same as From-To:   Same as Termon Yes   Same as and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No   Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2   Explain the Sources of Your Income   Pour Pour Pour Pour Pour Pour Pour Pour  |            |
| United States Bankruptcy Court for the:  EASTERN DISTRICT OF VIRGINIA  Case number (if known)  Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and common of the top of the page of th |            |
| Case number (If known)  Case number (If known)  Check if this is amended filing  Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and comber (if known). Answer every question.  Part 13 Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  Debtor 1 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debt lived there   Debtor 2 Prior Address: Dates Debt   Debtor 3 Prior Address: Dates Debt   Debtor 4 Prior Address: Dates Debt   Debtor 6 Prior Address: Dates Debt   Debtor 7 Prior Address: Dates Debt   Debtor 8 Prior Address: Dates Debt   Debtor 9 Prior Address: Dates Debtor 1   Debtor 9 Prior Address: Dates  |            |
| Check if this is amended filling  Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correction formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and combine (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married Not married  During the last 3 years, have you lived anywhere other than where you live now?  Debtor 1 Prior Address: Dates Debtor 1   Debtor 2 Prior Address:   Dates Debtor 1   Ived there   Ilived there   Ilived there   Ilived there   Ilived there   Isame as Debtor 1   Isa |            |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and on number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  Pets. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there  1102 Walker Dr From-To: Same as Debtor 1 Same as Debtor 1 Same as From-To:  Fredericksburg, VA 22401 2009 - present Same as Debtor 1 Same as Debtor 1 States and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  |            |
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| Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correctinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and combrete filing together, both are equally responsible for supplying correctinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and combrete filing together, both are equally responsible for supplying correctinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and combrete filing together, both are equally responsible for supplying correctinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and continuous the space of the space of the space, write your name and continuous the space of the sp |            |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correctiformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the top of any additional pages, write your name and common to the page specific form. On the top of any additional pages, write your name and common to the page specific form to the top of any additional pages, write your name and common to the page specific form to the top of any additional pages, write your name and common to the page specific form to the top of any additional pages, write your name and common to the page specific form to the top of any additional pages, write your name and common to the page specific form. On the top of any additional pages, write your name and common to the page specific form. On the top of any additional pages, write your name and common to the  |            |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correctinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and community (if known). Answer every question.  Part1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  Debtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address:  Dates Debtived there  1102 Walker Dr From-To:  Fredericksburg, VA 22401  2009 - present  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2   Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filling a joint case and you have income that you received together, list it only once under Debtor 1.  | AIAC       |
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| Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not married   Not married   Not married   No   Yes. List all of the places you lived anywhere other than where you live now?   Debtor 1 Prior Address:   Dates Debtor 1   Debtor 2 Prior Address:   Dates Debtor 1   lived there   Debtor 2 Prior Address:   Dates Debtor 1   Debtor 2 Prior Address:   Dates Debtor 1   Same as D |            |
| 1. What is your current marital status?    Married   |            |
| Married Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there  1102 Walker Dr From-To: Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Prom-To: Same as From-To:  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Communit states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.   |            |
| During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there  1102 Walker Dr Fredericksburg, VA 22401 From-To: Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor  |            |
| During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there  1102 Walker Dr Fredericksburg, VA 22401 From-To: Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor  |            |
| □ No ■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: □ Dates Debtor 1   Debtor 2 Prior Address: □ Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as Prom-To: □ Same as Prom-To: □ Same as Debtor 1   Same as Debtor 1  |            |
| □ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: □ Dates Debtor 1   Debtor 2 Prior Address: □ Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as Prom-To: □ Same as Prom-To: □ Same as Debtor 1   Same as Debtor 1  |            |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 2 Prior Address: Dates Debtor 3   Debtor 2 Prior Address: Dates Debtor 3   Debtor 2 Prior Address: Dates Debtor 4   Debtor 2 Prior Address: Dates Debtor 5   Dates Debtor 6   Debtor 6   Debtor 6   Debtor 7   Debtor 8   Debtor 9   Debtor 9   Dates Debtor 9   Debtor  |            |
| Debtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 2 Prior Address: Dates Debtor 1   Debtor 1   Debtor 4   Debtor 5   Debtor 5   Debtor 6   Debtor 7   Debtor 8   Debtor 8   Debtor 9   |            |
| Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as From-To:   Same as From-To:   Same as Same as Debtor 1   Same as From-To:   Same as Same as Debtor 1   Same as Debtor 1   Same as Debtor 2   Same as Debtor 1   Same as Debtor 2   Same as Debtor 3   Same as Debtor 2   Same as Debtor 3   Same as Debtor 4   Same as Debtor 2   Same as Debtor 3   Same as Debtor 4   Same as Debtor 2   Same as Debtor 3   Same as Debtor 4   Same as Debtor 3   Same as Debtor 4   Same as Debtor 5   Same    |            |
| Fredericksburg, VA 22401  2009 - present  From-To:  3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  | or 2       |
| <ul> <li>3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Communit states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)</li> <li>No</li> <li>Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).</li> <li>Part 2 Explain the Sources of Your Income</li> <li>4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.</li> </ul>  | Debtor 1   |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Service S |            |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.   | / property |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  |            |
| ⊔ No   |            |
| Yes. Fill in the details.  |            |
| Tes. Fill In the details.  |            |
| Debtor 1 Debtor 2  |            |
| Sources of income Check all that apply.  Check all that apply.  Gross income (before deductions and exclusions)  Check all that apply.  Check all that apply.  (before deductions and exclusions)  | ductions   |
| From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  \$19,209.12  |            |
| ☐ Operating a business ☐ Operating a business  |            |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 35 of 52 Case number (if known)

Debtor 1 April Lynn Hite

|   |                                |                                   |  | Debtor 1   |   |  |                                | Debtor 2  |                           |  |
|---|--------------------------------|-----------------------------------|--|--|---|--|--------------------------------|---|---------------------------|--|
|   |                                |                                   |  | Sources of in<br>Check all that                              |   | Gross income<br>(before deducti<br>exclusions)                       |                                | Sources of inc<br>Check all that a                |                           | Gross income<br>(before deductions<br>and exclusions)                  |
| For last calendar year:<br>(January 1 to December 31, 2018) |                                | 31, 2018 )                        | ■ Wages, conbonuses, tips  | mmissions,   | \$2   | 2,744.16   | ☐ Wages, com<br>bonuses, tips  | missions,   |                           |  |
|   |                                |                                   |  | ☐ Operating a  | a business                                    |  |                                | ☐ Operating a l                                   | ousiness                  |  |
|   |                                | dar year bef<br>December 3        |  | ■ Wages, conbonuses, tips                                    | mmissions,                                    |  | \$0.00                         | ☐ Wages, com<br>bonuses, tips                     | missions,                 |  |
|   |                                |                                   |  | ☐ Operating a  | a business                                    |  |                                | ☐ Operating a l                                   | ousiness                  |  |
|   | and other winnings.  List each | public benefi<br>If you are filin | it payments;<br>ng a joint cas<br>ne gross inco                                | pensions; rental<br>se and you have                          | income; intere<br>income that yo              | est; dividends; mo<br>ou received toget                              | oney collect<br>her, list it o |   | royalties; and<br>btor 1. | ecurity, unemploymen<br>d gambling and lottery                         |
|   |                                |                                   |  | Dobtor 1   |   |  |                                | Dobtor 2  |                           |  |
|   |                                |                                   |  | Debtor 1 Sources of inc Describe below                       |   | Gross income<br>each source<br>(before deducti<br>exclusions)        |                                | Debtor 2 Sources of incomposition Describe below. |                           | Gross income<br>(before deductions<br>and exclusions)                  |
| Pa  | rt 3: Lis                      | t Certain Pay                     | yments You   | Made Before Y  | ou Filed for B                                | Bankruptcy   |                                |   |                           |  |
| 6.  | Are eithe ☐ No.                | Neither De individual p           | btor 1 nor E<br>rimarily for a<br>90 days befo<br>Go to line 7<br>List below 6 | personal, family<br>re you filed for b<br>each creditor to v | marily consulty, or household pankruptcy, did | mer debts. Consider purpose."  I you pay any cred a total of \$6,825 | ditor a total                  | of \$6,825* or mor                                | e?<br>ments and th        | 1(8) as "incurred by ar<br>ne total amount you<br>nd alimony. Also, do |
|   |                                | * Subject t                       | not include  | payments to an   | attorney for thi                              | is bankruptcy cas  | se.                            | or after the date of                              |                           |  |
|   | ■ Yes.                         |                                   |  | r both have pri  | -   |  | ditor a total                  | of \$600 or more?                                 |                           |  |
|   |                                | ■ No.                             | Go to line 7   |  |   |  |                                |   |                           |  |
|   |                                | □ Yes                             | include pay  |  | stic support ob                               |  |                                | the total amount ort and alimony.                 |                           | creditor. Do not nclude payments to a                                  |
|   | Creditor                       | 's Name and                       | l Address  | Da   | tes of paymer                                 | nt Total a   | mount<br>paid                  | Amount you still owe                              | Was this p                | payment for  |
|   |                                |                                   |  |  |   |  | -                              |   |                           |  |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Page 36 of 52 Case number (if known) Document Debtor 1 April Lynn Hite Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Mary Washington Hospital vs **CIVIL JUDGMENT** FREDERICKSBURG CITY □ Pending APRIL FLATH, PATRICK GALL DISTRICT COURT □ On appeal 630GV1400115500 □ Concluded - 702.00 April Hite vs. Jason Hite **Divorce** Fredericksburg Circuit Pending CL19-327 Court □ On appeal 701 Princess Anne Street, □ Concluded Ste 100 Fredericksburg, VA 22401 April Hite vs. Jason Hite **Protective Order** Fredericksburg JDR Pending JA024758-09-00 Hearing 615 Princess Anne Street □ On appeal Fredericksburg, VA 22401 Concluded Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date

**Explain what happened** 

property

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Page 37 of 52 Case number (if known) Document Debtor 1 April Lynn Hite 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Woehrle Franklin Dahlberg Jones, **Attorney Fees** 8/13/19 \$2,300.00 **PLLC** 2016 Lafayette Blvd, Ste 101

Fredericksburg, VA 22401 mark.dahlberg1@gmail.com

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 38 of 52 Case number (if known)

Debtor 1 April Lynn Hite

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details. |  |                            |                 |  |   |
|-----|---|--|----------------------------|-----------------|--|---|
|     | Person Who Was Paid Address   | Description and vatransferred                                    | alue of any prope          | erty            | Date payment or transfer was made                  | Amount of payment                             |
| 18. | Within 2 years before you filed for bankruptcy, d transferred in the ordinary course of your busine Include both outright transfers and transfers made a include gifts and transfers that you have already listed No Yes. Fill in the details.  | ess or financial affairs security (such as the                   | rs?                        |                 |  |   |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you   | Description and va<br>property transferre                        |                            |                 | ny property or<br>received or debts<br>change      | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protection No □ Yes. Fill in the details.   |  | property to a se           | elf-settled tru | st or similar device o                             | f which you are a                             |
|     | Name of trust   | Description and va   | alue of the prope          | rty transferre  | ed   | Date Transfer was made                        |
|     | 8: List of Certain Financial Accounts, Instrum  |  |                            |                 |  |   |
|     | Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or oth houses, pension funds, cooperatives, association No  | ner financial accoun   | ts; certificates of        |                 |  |   |
|     | Yes. Fill in the details.   |  |                            |                 |  |   |
|     |   | et 4 digits of<br>count number                                   | Type of account instrument | clos            | e account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?  | before you filed for   | bankruptcy, any            | safe deposit    | box or other deposit                               | ory for securities,                           |
|     | ■ No □ Yes. Fill in the details.  |  |                            |                 |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acce<br>Address (Number, Str<br>State and ZIP Code) |                            | escribe the c   | contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or pla   | ace other than your  | home within 1 ye           | ear before yo   | u filed for bankruptcy                             | y?  |
|     | No  |  |                            |                 |  |   |
|     | Yes. Fill in the details.   |  |                            |                 |  |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had to it?  Address (Number, State and ZIP Code) |                            | escribe the c   | contents   | Do you still have it?                         |
|     |   |  |                            |                 |  |   |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 39 of 52 Case number (if known)

Debtor 1 April Lynn Hite

| Pai | t 9: Identify Property You Hold or Control for   | Someone Else   |                                      |                       |  |  |  |
|-----|--|--|--------------------------------------|-----------------------|--|--|--|
| 23. | <ol><li>Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust<br/>for someone.</li></ol> |  |                                      |                       |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                      |                       |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Describe the property                | Value                 |  |  |  |
| Pai | t 10: Give Details About Environmental Inform  | ation  |                                      |                       |  |  |  |
| For | the purpose of Part 10, the following definitions  | apply:   |                                      |                       |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul                         | ir, land, soil, surface water, ground                                      |                                      |                       |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   |  | law, whether you now own, operate,   | or utilize it or used |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or  |  | s waste, hazardous substance, toxic  | substance,            |  |  |  |
| Rep | ort all notices, releases, and proceedings that ye   | ou know about, regardless of wher  | n they occurred.                     |                       |  |  |  |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable                                      | under or in violation of an environm | nental law?           |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                      |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it    | Date of notice        |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  |  |                                      |                       |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                      |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it    | Date of notice        |  |  |  |
| 26. |  |  |                                      |                       |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                      |                       |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                   | Status of the case    |  |  |  |
| Pai | t 11: Give Details About Your Business or Con  | nections to Any Business   |                                      |                       |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have an  | y of the following connections to an | y business?           |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |  |                                      |                       |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |                                      |                       |  |  |  |
|     | ☐ A partner in a partnership   |  |                                      |                       |  |  |  |
|     | ☐ An officer, director, or managing execu  | tive of a corporation  |                                      |                       |  |  |  |
|     | An owner of at least 5% of the veting or equity securities of a corporation  |  |                                      |                       |  |  |  |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Page 40 of 52 Case number (if known) Document Debtor 1 April Lynn Hite No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ April Lynn Hite Signature of Debtor 2 **April Lynn Hite** Signature of Debtor 1 Date August 13, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 41 of 52 United States Bankruptcy Court

| Eastern | <b>District</b> | of Virg | ginia |
|---------|-----------------|---------|-------|

| In re | April Lynn Hite |           |         | Case No. |  |
|-------|-----------------|-----------|---------|----------|--|
|       |                 | Debtor(s) | Chapter | 13       |  |

|    | IN A CHAPTER 13 CASE  |           |  |  |  |
|----|---|-----------|--|--|--|
|    | (for use in the Richmond Division onl   | y)        |  |  |  |
| 1. | 1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the a compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s bankruptcy case is as follows:  |           |  |  |  |
|    | For legal services, I have agreed to accept   | \$        | 5,100.00                               |  |  |
|    | Prior to the filing of this statement I have received   | \$        | 2,300.00                               |  |  |
|    | Balance Due   | \$        | 2,800.00                               |  |  |
| 2. | 2. The source of the compensation paid to me was:   |           |  |  |  |
|    | $\blacksquare$ Debtor $\square$ Other (specify)   |           |  |  |  |
| 3. | 3. The source of compensation to be paid to me is:  |           |  |  |  |
|    | $\blacksquare$ Debtor $\square$ Other (specify)   |           |  |  |  |
| 4. | 4. I have not agreed to share the above-disclosed compensation with any other person unless   | they are  | members and associates of my law firm. |  |  |
|    | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are copy of the agreement, together with a list of the names of the people sharing in the compe  |           |  |  |  |
| 5. | 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the Bankruptcy Rule 2016-1(C)(3).  | e bankrup | tcy case, as required by Local         |  |  |
| 6. | 6. I am electing to request compensation and reimbursement of expenses in this case:  |           |  |  |  |
|    | a. ■ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(   | (a) and   | (C)(3)(a).                             |  |  |
|    | b. $\square$ By submitting applications for compensation in the manner set forth in Local Bankru  | ptcy Rul  | e 2016-1(C)(1)(c)(ii).                 |  |  |
|    | An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule 2016-1(C)(1)(c)(ii). |           |  |  |  |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 42 of 52 CERTIFICATION

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| August 13, 2019 |  |
|-----------------|--|
| Date            |  |

/s/ Mark J. Dahlberg Mark J. Dahlberg

Signature of Attorney

Woehrle Franklin Dahlberg Jones, PLLC

Name of Law Firm

2016 Lafayette Blvd, Ste 101 Fredericksburg, VA 22401 540-898-8881 Fax: 540-898-0755

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

| August 13, 2019 |  |
|-----------------|--|
| Date            |  |

/s/ Mark J. Dahlberg
Mark J. Dahlberg
Signature of Attorney

| Fill in this inform  | Fill in this information to identify your case: |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Debtor 1   | April Lynn Hite                                 |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                                      |   |  |  |  |  |  |
| United States Bankruptcy Court for the: Eastern District of Virginia |   |  |  |  |  |  |
| Case number (if known)   |   |  |  |  |  |  |

| Check as directed in lines 17 and 21: |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
| 1                                     | According to the calculations required by this Statement:            |  |  |  |  |
| •                                     | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |
|                                       | Disposable income is determined under 11 U.S.C. § 1325(b)(3).        |  |  |  |  |
|                                       | 3. The commitment period is 3 years.                                 |  |  |  |  |
|                                       | 4. The commitment period is 5 years.                                 |  |  |  |  |

☐ Check if this is an amended filing

#### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 11,843.00 2,744.16 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 780.20 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 44 of 52

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3,524.36 11,843.00 15,367.36 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 15.367.36 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. **Pending Divorce no Spousal Support Ordered** \$ 11,843.00 11,843.00 Copy here=> 3,524.36 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 3,524.36 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). 12 42,292.32 15b. The result is your current monthly income for the year for this part of the form. ......

**April Lynn Hite** 

Debtor 1

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 45 of 52

| Debt | or 1         | Apri    | I Lynn Hite   |                       | Case number (if known)                         |             |                     |
|------|--------------|---------|---|-----------------------|--|-------------|---------------------|
| 16   | . Calc       | ulate   | the median family income that applies to  | you. Follow these     | e steps:                                       |             |                     |
|      | 16a.         | Fill in | the state in which you live.  | VA                    |  |             |                     |
|      | 16b.         | Fill in | the number of people in your household.   | 4                     |  |             |                     |
|      |              |         | the median family income for your state and   | size of household     | <br>I.   | \$          | 105,261.00          |
|      |              |         | nd a list of applicable median income amount actions for this form. This list may also be ava   |                       |  | Ψ.          |                     |
| 17   | . How        |         | ne lines compare?   | nable at the bank     | ruptcy clerk's office.                         |             |                     |
|      | 17a.         | -       | Line 15b is less than or equal to line 16c. 0<br>11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do to                                     |                       |  |             |                     |
|      | 17b.         |         | Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a | ulation of Your D     |  |             |                     |
| Par  | t 3:         | Cal     | culate Your Commitment Period Under 11  | U.S.C. § 1325(b)      | (4)  |             |                     |
| 18.  | Сор          | y you   | r total average monthly income from line  | 11.                   |  | \$          | 15,367.36           |
| 19.  | cont         | end th  | e marital adjustment if it applies. If you are at calculating the commitment period under a noome, copy the amount from line 13.        |                       |  |             |                     |
|      | •            |         | marital adjustment does not apply, fill in 0 or   | line 19a.             |  | -\$         | 11,843.00           |
|      |              |         |   |                       |  |             |                     |
|      | 19b.         | Subt    | ract line 19a from line 18.   |                       |  | \$_         | 3,524.36            |
|      |              |         |   |                       |  |             |                     |
| 20.  |              |         | your current monthly income for the year  |                       |  | •           | 3,524.36            |
|      | 20a.         |         | line 19b  |                       |  | \$          | <u> </u>            |
|      |              | Multip  | oly by 12 (the number of months in a year).   |                       |  |             | <b>x</b> 12         |
|      | 20b.         | The r   | esult is your current monthly income for the y  | ear for this part o   | f the form                                     | \$          | 42,292.32           |
|      |              |         |   |                       |  |             |                     |
|      | 20c.         | Сору    | the median family income for your state and   | size of household     | f from line 16c                                | \$          | 105,261.00          |
|      | 21.          | How     | do the lines compare?   |                       |  |             |                     |
|      |              |         | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.  | ise ordered by the    | e court, on the top of page 1 of this form, ch | neck box 3, | The commitment      |
|      |              |         | Line 20b is more than or equal to line 20c. Uncommitment period is 5 years. Go to Part 4.   | nless otherwise or    | dered by the court, on the top of page 1 of    | this form,  | check box 4, The    |
| Par  | t 4:         | Sig     | n Below   |                       |  |             |                     |
|      | By s         | igning  | here, under penalty of perjury I declare that   | the information or    | this statement and in any attachments is       | true and co | orrect.             |
| >    | ( <u>/s/</u> | April   | Lynn Hite   |                       |  |             |                     |
|      |              |         | rnn Hite<br>e of Debtor 1   |                       |  |             |                     |
|      | ·            | Aug     | gust 13, 2019   |                       |  |             |                     |
|      |              | MM      | / DD / YYYY   |                       |  |             |                     |
|      | -            |         | cked 17a, do NOT fill out or file Form 122C-2<br>cked 17b, fill out Form 122C-2 and file it with  |                       | 30 of that form, convivour current monthly     | incomo fro  | m line 14 abova     |
|      | н уо         | u criet | med 170, iiii out Form 1220-2 and iiie il with  | una ioiiii. Oli iille | So of that form, copy your current monthly     | INCOME IN   | iii iiile 14 abuve. |

Case 19-34196-KRH Doc 1 Filed 08/13/19 Entered 08/13/19 16:53:49 Desc Main Document Page 46 of 52

Debtor 1 April Lynn Hite Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 02/01/2019 to 07/31/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Arista Real Estate, LLC

Income by Month:

| 6 Months Ago: | 02/2019            | \$2,744.16 |
|---------------|--------------------|------------|
| 5 Months Ago: | 03/2019            | \$2,744.16 |
| 4 Months Ago: | 04/2019            | \$2,744.16 |
| 3 Months Ago: | 05/2019            | \$2,744.16 |
| 2 Months Ago: | 06/2019            | \$2,744.16 |
| Last Month:   | 07/2019            | \$2,744.16 |
|               | Average per month: | \$2,744.16 |

#### Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: Father

Income by Month:

| 6 Months Ago: | 02/2019            | \$780.20 |
|---------------|--------------------|----------|
| 5 Months Ago: | 03/2019            | \$780.20 |
| 4 Months Ago: | 04/2019            | \$780.20 |
| 3 Months Ago: | 05/2019            | \$780.20 |
| 2 Months Ago: | 06/2019            | \$780.20 |
| Last Month:   | 07/2019            | \$780.20 |
|               | Average per month: | \$780.20 |
|               |                    |          |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |    |
|------------|--------------------|----|
| \$24       | 5 filing fee       |    |
| \$7        | 5 administrative f | ee |
| + \$1      | 5 trustee surchar  | ge |
| \$33       | 5 total fee        |    |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Acceptance Now Attn: Bankruptcy 5501 Headquarters Drive Plano, TX 75024

Aes/bank Of New York Attn: Bankruptcy Po Box 2461 Harrisburg, PA 17105

Bank of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998

Benchmark Bank 461 Beecher Rd Gahanna, OH 43230

Best Buy/cbna

Citibank/The Home Depot Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

First Service Residential 11351 Random Hills Rd Fairfax, VA 22030

Jason Hite 9903 Tavern Court Fredericksburg, VA 22408

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731 Phoenix Financial Services. Llc Attn: Bankruptcy Po Box 361450 Indianapolis, IN 46236

Receivable Management Inc 7206 Hull Rd Ste 211 Richmond, VA 23235

Samuel I White, PC 5040 Corporate Woods Dr., 120 VA 23642

Synchrony Bank Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

The Money Source Inc. 500 South Broad Street Suite 100A Meriden, CT 06450

Verizon Verizon Wireless Bk Admin 500 Technology Dr Ste 550 Weldon Springs, MO 63304

Volkswagen Credit, Inc Attn: Bankruptcy Po Box 3 Hillboro, OR 97123

Woehrle Dahlberg Jones Yao 2016 Lafayette Blvd, Ste 101 Fredericksburg, VA 22401